



OFFICE OF THE REGISTRAR
Attention: Residency Appeals Committee
777 Glades Road
P.O. Box 3091
Boca Raton, Florida 33431

RESIDENCY CLASSIFICATION APPEAL

APPEALS MUST BE SUBMITTED BY THE END OF THE TERM THAT THE STUDENT IS REQUESTING IN-STATE TUITION.

PLEASE TYPE OR PRINT CLEARLY

Name: (please print) Student I.D. (Z #):

Address: (Street) (City) (State) (Zip Code)

Phone: Home () Work ()

Requested Term of Action: Fall Year Spring Year Summer 2 / 1 Year Summer 3 Year

I have submitted all the documentation certifying my claim to Florida residency for tuition purposes and I am requesting an appeal of the rendered residency decision. I understand that any new documentation for additional consideration should be submitted to the office that initially reviewed my residency claim. The decision of the Residency Appeals Committee constitutes the final decision of Florida Atlantic University. I understand that I may seek judicial review of this final University decision pursuant to Florida Rule of Appellate Procedure 9.190, applicable to review of quasi-judicial decisions of an administrative body not subject to the Administrative Procedures Act, by filing a petition for certiorari review within thirty (30) days of the final University decision.

I am appealing this classification on the following grounds (use additional paper, if necessary):

Four horizontal lines for writing grounds of appeal.

Student signature: Date:

FOR COMMITTEE USE ONLY

ACTION: [] Approved [] Denied [] Deferred

Comments: Three horizontal lines for writing comments.

Committee Chair: Date:

Letter Sent: Date